

(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL,
DIVISIONAL, CONTINUATION OR CIP)

TYPE OF DECLARATION

original
design
supplemental

NOTE: If the declaration is for an international Application being filed as a divisional, continuation or continuation-in-part application do not check next item: check appropriate one of last three items.

X national stage of PCT

NOTE: If one of the follow 3 items apply then complete and also attach
ADDED PAGES FOR DIVISIONAL. CONTINUATION OR CIP.

divisional
continuation
continuation-in-part (CIP)

INVENTORSHIP IDENTIFICATION

WARNING: If the inventors are each not the inventors of all the claims an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted.

My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (*if only one name is listed below*) as an original, first and joint inventor (*if plural names are listed below*) of the subject matter which is claimed and for which a parent is sought on the invention entitled:

TITLE OF INVENTION

SECURITY CABINET, COMBINED SECURITY UNIT AND PICK UNIT, AND ATM INCLUDING SUCH AN ARRANGEMENT

SPECIFICATION IDENTIFICATION

the specification of which: (complete (a), (b) or (c))

(a) _____ is attached hereto.

(b) X was filed on 4th January 2002 as Serial No. ~~XXX~~ or

Express Mail No., as Serial No. not yet known _____ and
was amended on _____ (if applicable).

NOTE: Amendments filed after the original papers are deposited with the PTO which contain new matter are not accorded a filing date by being referred to in the declaration. Accordingly, the amendments involved are those filed with the application papers or, in the case of a supplemental declaration, are those amendments claiming matter not encompassed in the original statement of invention or claims. See 37 CFR 1.67.

(c) _____ was described and claimed in PCT International Application No. _____ filed on _____ and as amended under PCT Article 19 on _____ (if any).

ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification including the claims as amended by any amendment referred to above.

I acknowledge the duty to disclose information

☒ which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations. § 1.56.

(also check the following items if desired)

☒ and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable examiner would consider it important in deciding whether to allow the application to issue as a patent, and

In compliance with this duty there is attached an information disclosure statement 37 CFR 1.97.

PRIORITY CLAIM

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

(Complete (d) or (e))

(d) _____ no such applications have been filed.

(e) ☒ such applications have been filed as follows

NO TE: Where item (c) is entered above and the International Application which designated the U.S. claimed priority check item (e), enter the details below and make the priority claim.

A. PRIOR FOREIGN/PCT APPLICATION(S), IF ANY FILED WITHIN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. § 119

COUNTRY	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIM UNDER 35 USC 119
GB	9916893.2	19th July 1999 (19.07.1999)	Yes
PCT	PCT/GB00/02682	11 July 2000 (11.07.2000)	Yes

**ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS
(6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION**

POWER OF ATTORNEY

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number).

E. J. Biskup 18,987
 D. A. Burns 46,238
 R. C. Collins 27,430
 P. J. Ethington 17,299
 J. C. Evans 20,124
 R. L. Farris 25,122
 W. H. Francis 25,335
 F. J. Fodale 20,824
 W. H. Griffith 16,706
 A. M. Grove 39,697
 R. W. Hoffmann 337114

E. T. Jones 40,037
 J. F. Learman 17,069
 J. K. McCulloch 17,451
 J. P. Moran 20,941
 S. L. Permut 28,388
 M. J. Schmidt 43,904
 W. J. Schramm 24,795
 R. L. Stearns 36,937
 J. D. Stevens 35,691
 W. J. Waugaman 20,304
 C.R. White 20,494

SEND CORRESPONDENCE TO

DIRECT TELEPHONE CALLS TO:
(Name and telephone number)

Reising, Ethington, Barnes,
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURES

Full name of sole or first inventor

1 - 00 ANDREW
(Given name)

(Middle Initial or Name)

SEARLE
Family (or Last) Name

Inventor's signature AS

Date 6th March 2002 Country of Citizenship BRITAIN

Residence BRITAIN

Post Office Address LYDFORD HOUSE, LYDFORD, DEVON, EX20 4AU, UNITED KINGDOM GBX

Full name of second joint inventor, if any

(Given name)

(Middle Initial or Name)

Family (or Last) Name

Inventor's signature

Date Country of Citizenship

Residence

Post Office Address

Full name of third joint inventor, if any

(Given name)

(Middle Initial or Name)

Family (or Last) Name

Inventor's signature

Date Country of Citizenship

Residence

Post Office Address

Full name of fourth inventor, if any

(Given name)

(Middle Initial or Name)

Family (or Last) Name

Inventor's signature

Date Country of Citizenship

Residence

Post Office Address

CHECK PROPER BOX(ES) FOR ANY OF THE FOLLOWING ADDED PAGE(S) WHICH FORM A PART OF THIS DECLARATION

____ Signature for fifth and subsequent joint inventors. Number of pages added _____

____ Signature by administrator (trix), executor (trix) or legal representative for deceased or incapacitated inventor. Number of pages added _____

____ Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR 1.47. Number of pages added _____

* * *

40030564 0405006
____ Added pages to combined declaration and power of attorney for divisional, continuation, or continuation in-part (CIP) application.

____ Number of pages added _____

* * *

____ Authorisation of attorney(s) to accept and follow instructions from representative.

* * *

If no further pages form a part of this Declaration then end this Declaration with this page and check the following item

X This declaration ends with this page.